

1963

MARGIN RESERVED FOR BINDING
 N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF BIRTH		County <u>Navapai</u>		State <u>Arizona</u>	
District or Township		<u>Kirkland</u>		or Village _____	
City _____		No. _____		St. _____ Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street and number).					
2. FULL NAME <u>Matthew G. Sharpneck</u>					
(a) Residence, No. <u>Ranch near Kirkland</u> St. _____ Ward _____					
(Usual place of abode)					
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED.			
<u>Male</u>	<u>White</u>	<u>Widower</u>			
5a. If married, widowed, or divorced					
HUSBAND of _____ (or) WIFE of <u>No record</u>					
6. DATE OF BIRTH (month, day and year) <u>April 18 1848</u>					
7. AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.	
<u>79</u>	<u>5</u>	<u>3</u>			
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Ranchman</u>					
(b) General nature of industry, business or establishment in which employed (or employer) <u>Owner</u>					
(c) Name of employer _____					
9. BIRTHPLACE (city or town) <u>No record</u>					
(State or country) <u>West Virginia</u>					
10. NAME OF FATHER <u>Samuel Sharpneck</u>					
11. BIRTHPLACE OF FATHER <u>No record</u> (city or town) _____					
(State or country) <u>No record</u>					
12. MAIDEN NAME OF MOTHER <u>Long</u>					
13. BIRTHPLACE OF MOTHER <u>No record</u> (city or town) _____					
(State or country) <u>England</u>					
14. Informant <u>Lyle Sharpneck</u>					
(Address) <u>Kirkland, Arizona</u>					
15. <u>Harry B. Southworth</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>September 21 1927</u>					
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:					
<u>Unknown, but conditions indicate deceased came to his death as the result of a stroke of paralysis, as he had had previous attacks</u>					
(duration) _____ yrs. _____ mos. _____ ds.					
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.					
18. Where was disease contracted if not at place of death? _____					
Did an operation precede death? _____ Date of _____					
Was there an autopsy? _____					
What test confirmed diagnosis? _____ (Signed) <u>John A. May</u> (Address) <u>Prescott, Ariz</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>I. O. O. F C</u>					
DATE OF BURIAL <u>Sept 25-27</u>					
20. UNDERTAKER <u>Prescott Arizona</u>					
<u>Lester Ruffner</u> <u>Prescott Ariz</u>					